



## American Red Cross Lifeguard Certification Course

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\$200.00 – Instructor certifies participants in **ARC** Lifeguarding / First Aid / CPR / AED certifications and O2 Administration. Valid for 2 years. This price includes the \$35.00 fee paid to the American Red Cross upon completion of the course.

### Pre-requisites:

- Must be at least 15 years old, please bring a form of I.D. for proof of age.
- Swim continuously for 300 yards; 100 yards freestyle / front crawl, 100 yards breaststroke, then 100 yards of your choice.
- Swim 20 yards, feet first surface dive in a minimum of 6 feet of water to retrieve a 10 pound brick. Return to the surface holding the brick up at your chest, use a frog kick on your back, and swim back to the starting point. Once at the side of the pool place the brick on the deck and exit the water without using steps or ladder. This must be done within a minute and forty seconds.
- Tread water for 2 minutes using only your legs.

### Dates / Location:

- Ravenswood Pool – 400 SW Ravenswood Lane, Port Saint Lucie, Florida 34983
- Pre-Course: March 10<sup>th</sup> [4:00pm – 6:00pm]
- Class dates: March 11<sup>th</sup>, 13<sup>th</sup>, 15<sup>th</sup>, 17<sup>th</sup>, and 18<sup>th</sup> [9:00am – 5:00pm]

Email [Abrahamsonj@stlucieco.org](mailto:Abrahamsonj@stlucieco.org) to pre-enroll, you will not be allowed in the class if pre-enrollment has not been completed. Bring your own pocket mask, whistle, and bathing suit. Payment is required in full upon completion of the pre-course.



## ST. LUCIE COUNTY / AMERICAN RED CROSS

Ravenswood Pool  
400 SW Ravenswood Lane, Port Saint Lucie, Florida 34983  
(772) 871-8031

Participant's Name:			D.O.B: / /	(Male/Female)
Mailing Address:	Street:			
	City:	State:	Zip:	
Email Address:				
Phone Number:		Special Needs/Medical Condition: (Yes/No) [If yes, ask for additional form]		

### American Red Cross Lifeguard Certification Course

- Pre-Course: March 10<sup>th</sup> [4:00pm – 6:00pm]
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Price: \$200.00 (\$165.00-St. Lucie County / \$35.00-American Red Cross)  
100% Attendance Is Required!

Email [Abrahamsonj@stlucieco.org](mailto:Abrahamsonj@stlucieco.org) to pre-enroll, you will not be allowed in the class if pre-enrollment has not been completed. Bring your own bathing suit as well as a pocket mask and whistle if possible. Payment is required upon completion of the pre-course and before the class begins. Please plan on an additional 5 – 10 hours of study time at home.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Staff Use Only*	Staff Signature:	Of
Scholarship (Yes/No)	Payment Type (Cash / Check / Card)	Amount:

# St. Lucie County Board of County Commissioners



## ADULT PARTICIPANTS RELEASE AND WAIVER OF LIABILITY AGREEMENT

**Read Completely and Carefully Before Signing**

**Age 18+**

**Print:**

In consideration of the permission granted to me \_\_\_\_\_ (Participant Name) to participate in those activities that are offered, I \_\_\_\_\_ (Participant Name) hereby agree to sign this Release and Waiver.

I understand that the activity may actually be organized, directed, controlled and presented by an individual(s) performing those duties as *an independent contractor or specialist* using County property. I further understand that this agreement applies to all programs that I am permitted to participate in, including, but not limited to; Karate Classes, Dance Classes, Exercise Classes, Sport Participant Instruction, Team Sports Activities (baseball, softball, soccer, basketball, football), Camping, Skating and/or Skate Boarding, Cooking Classes, Canoe and Kayak Activities, Fishing events, Swim Lessons, Art and Wood Working, Horse and other Animal Show events, 4-H and FFA events, Computer activities, and Boys and Girls Club activities.

I understand that there is inherent risk in the Activity and that inherent risk means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the activity and which are not eliminated even if the activity provider acts with due care and includes failure by the activity provider to warn me of an inherent risk or the risk that the participant or another participant in the activity may act in a negligent or intentional manner and contribute to the injury or death of me and I am willing to assume these risks on behalf of myself and my heirs.

Further, I agree that in consideration for my being permitted to participate in the St. Lucie County Recreation Programs, I hereby waive, release, discharge and agree not to sue St. Lucie County BOCC, its departments, employees, officials, coaches, volunteers, contractors, Specialists and agents ("Released Parties"), for any and all causes of actions, claims or damages arising out of or resulting from my participation in those activities, including but not limited to damages, injuries, or death arising out of risks that are a natural part of the recreational activities. I agree that I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my participation. I further agree, on behalf of myself and my heirs, that I shall hold harmless and fully indemnify and defend the Released Parties from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from any cause of action made by me or by, through or on behalf of me or my heirs, even if the damages, injuries or death are caused in whole or in part by the negligence of the Released Parties.

I expressly agree the Release and Waiver of Liability Agreement is intended to be as broad and inclusive as is permitted by the laws of Florida and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, and that I understand each of the provisions in this agreement and that I agree to abide by them.

**Please print**

**PRIMARY PROGRAM/ACTIVITY:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_  
Witness - St. Lucie County BOCC or Agent